

10/539433

JC18 Rec'd PCT/PTO 20 JUN 2005

## Application Data Sheet

### Application Information

|                                 |  |
|---------------------------------|--|
| Application number:             | Not yet assigned                                       |
| Filing Date:                    | Herewith   |
| Application Type:               | Regular  |
| Subject Matter:                 | Utility  |
| Suggested Classification:       |  |
| Suggested Group Art Unit:       |  |
| CD-ROM or CD-R:                 | None   |
| Number of CD Disks:             |  |
| Number of copies of CDs:        |  |
| Sequence Submission?            |  |
| Computer Readable Form (CRF)?   |  |
| Number of Copies of CFR:        |  |
| Title:                          | COSMETIC PROSTHESIS AND METHODS FOR<br>MAKING THE SAME |
| Attorney Docket Number:         | AL-0004  |
| Request for Early Publication:  | No   |
| Request for Non-Publication:    | No   |
| Suggested Drawing Figure:       | 4  |
| Total Drawing Sheets:           | 3  |
| Small Entity?:                  | Yes  |
| Latin name:                     |  |
| Variety denomination name:      |  |
| Petition included?:             | No   |
| Petition Type:                  |  |
| Licensed US Govt. Agency:       |  |
| Contract or Grant Numbers:      |  |
| Secrecy Order in Parent Appl.?: | No   |

## **Applicant Information**

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** Craig  
**Middle Name:**  
**Family Name:** BRUCE  
**Name Suffix:**  
**City of Residence:** Encinitas  
**State or Province of Residence:** California  
**Country of Residence:**  
**Street of mailing address:** 630 Neptune Avenue  
**City of mailing address:** Encinitas  
**State or Province of mailing address:** California  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 92024

## **Correspondence Information**

**Correspondence Customer No.:** 23377  
**Name:**  
**Street of Mailing Address:**  
**City of Mailing Address:**  
**State or Province of Mailing Address:**  
**Country of Mailing Address:**  
**Postal or Zip Code of Mailing Address:**  
**Address:**  
**Phone number:**  
**Fax number:**

## **Representative Information**

**Representative Customer No.:** 23377

## Domestic Priority Information

|                     |   |                            |                            |
|---------------------|---|----------------------------|----------------------------|
| <b>Application:</b> | <b>Continuity Type:</b>                                       | <b>Parent Application:</b> | <b>Parent Filing Date:</b> |
| This is             | An application claiming<br>the benefit under 35 USC<br>119(e) | 60/435031                  | December 19, 2002          |

## Foreign Priority Information

|                 |                         |                     |                          |
|-----------------|-------------------------|---------------------|--------------------------|
| <b>Country:</b> | <b>Application No.:</b> | <b>Filing Date:</b> | <b>Priority Claimed:</b> |
|-----------------|-------------------------|---------------------|--------------------------|

## Assignee Information

|   |                          |
|---|--------------------------|
| <b>Assignee name:</b>                         | ANGEL LIFT               |
| <b>Street of mailing address:</b>             | 630 Neptune Avenue       |
| <b>City of mailing address:</b>               | Encinitas                |
| <b>State or Province of mailing address:</b>  | California               |
| <b>Country of mailing address:</b>            | United States of America |
| <b>Postal or Zip Code of mailing address:</b> | 92024                    |